STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

A Transaction	ase type or print in ink.	As not the supplement of the Salarana		201R W	(MIDDLE)
	IE OF FILER (LAST)	(FIRST)			· ·
	arris	Ken			A
1.	Office, Agency, or Court			**************************************	FINAL CIPACIA
	Agency Name (Do not use acronyms)				, , , , , , , , , , , , , , , , , , , ,
	Natural Resources Agency				
	Division, Board, Department, District, if applicable		Your Position		
	Department of Conservation		State Oil a	and Gas Supervis	or
	\blacktriangleright If filing for multiple positions, list below or on an attachm	nent. (Do not use	e acronyms)		
	Agency:	-	_ Position:	204	
2.	Jurisdiction of Office (Check at least one box)				
	State State		☐ Judge or Co	ourt Commissioner (Sta	tewide Jurisdiction)
	Multi-County		County of _		
	City of		Other		
· ·					
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2017, throu	ıgh		ffice: Date Left	<u></u>
	December 31, 2017.		(Check one	•	
	The period covered is/	, through	leaving		1, 2017, through the date of
	Assuming Office: Date assumed/	***********		riod covered is/. e of leaving office.	, through
	Candidate: Date of Election a	and office sought,	if different than Part	1:	
4.	Schedule Summary (must complete)	Total number	of names includ	ing this cover pag	YA!
	Schedules attached	rotai nambei	or pages morau	ing uns cover pag	JG. ,
	Schedule A-1 - Investments - schedule attached	<u> </u>	Schedule C - Incor	ne. Loans. & Business	Positions – schedule attached
	Schedule A-2 - Investments - schedule attached			ne – Gifts – schedule a	
	Schedule B - Real Property - schedule attached		Schedule E - Incor	ne – Gifts – Travel Pay	ments - schedule attached
-= 0					
	☐ None - No reportable interests on any sched	aule		The state of the s	t the section of the
	Verification MAILING ADDRESS STREET	O.Im./			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	801 K Street, MS 18-05	Sacran		CA	95814-3530
	DAYTIME TELEPHONE NUMBER (916) 323-1777		E-MAIL ADDRESS		
		ant I have review		nservation.ca.gov	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information of herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under the laws of the	State of Californ	ia that the foregoin	g is true and correct.	()
	Date Signed	e:	gnature /	If the	1
magazine.	(month, day, year)	31	100-0	File the originally algned stateme	nt with your filing official.)
					The second secon

FPPC Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE B Interests in Real Pr (Including Rental Incor

roperty me)	Name	
SESSOR'S PARCEL N	IUMBER OR STREET ADDRESS	

\$2,000 - \$10,000 \$2,000 - \$10,000	ABLE, LIST DATE: / 17 / 17 IRED DISPOSED
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED ACQUIRED	<u>/ 17/_ / 17</u>
11	
NATURE OF INTEREST NATURE OF INTEREST	
☑ Ownership/Deed of Trust ☐ Easement ☐ Ownership/Deed of Trust ☐ E	asement
Leasehold Other Leasehold	Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME R	RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 🔀 \$1,001 - \$10,000 ☐ \$0 - \$499 ☐ \$500 - \$1,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000 \$100,000 OVER	\$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None SOURCES OF RENTAL INCOME: If you or interest, list the name of each tenant the income of \$10,000 or more.	
* You are not required to report loans from commercial lending institutions made in the lender	o regular course of
business on terms available to members of the public without regard to your official status. loans received not in a lender's regular course of business must be disclosed as follows:	Personal loans and
NAME OF LENDER*	• 40.71
ADDRESS_(Business_Address_Acceptable)ADDRESS_(Business_Address_Acceptable)_	
BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER	3
INTEREST RATE TERM (Months/Years) INTEREST RATE TER	RM (Months/Years)
% None None	
HIGHEST BALANCE DURING REPORTING PERIOD HIGHEST BALANCE DURING REPORTING	3 PERIOD
\$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$	
\$10,001 - \$100,000 OVER \$100,000 \$100,000 S100,000	00,000
Guarantor, if applicable	
Comments:	